



# Qualified Provider Calculation Sheet

## 1. INCOME INFORMATION

- a. Pregnant Woman's Income \$ \_\_\_\_\_
- b. Father's Income (Baby's father if living with Pregnant Woman) \$ \_\_\_\_\_
- c. Parent's Income (If living with parents and under 18) \$ \_\_\_\_\_
- d. Child Support \$ \_\_\_\_\_
- e. Sub-total (Income) \$ \_\_\_\_\_

## 2. DEDUCTIONS

- a. \$200 for each working Individual or \$400 per married couple \$ \_\_\_\_\_
- b. \$50.00 if anyone is receiving Child Support \$ \_\_\_\_\_
- c. Sub-total (Deductions) \$ \_\_\_\_\_

## 3. CALCULATION

- a. Income Sub-total \$ \_\_\_\_\_
- b. Less Deduction Sub-total \$ \_\_\_\_\_
- c. TOTAL \$ \_\_\_\_\_

4. Compare the TOTAL (3.c.) to the FPL Chart for the Household Size.

5. Is the Pregnant Woman eligible for PE? Yes \_\_\_\_\_ No \_\_\_\_\_

6. If not eligible for PE, give reason for denial:

\_\_\_\_ Over Income

\_\_\_\_ Not a US Citizen

\_\_\_\_ Not a Wyoming Resident

7. Denial Notice given to Pregnant Woman? Yes \_\_\_\_\_ NO \_\_\_\_\_

8. ELIGIBLE FROM \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

ENDING \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

9. PROVIDER NAME \_\_\_\_\_ PHONE \_\_\_\_\_

Household Size	1	2	3	4	5	6	7	8	9	10	11	12	13 Or more
133% FPL	\$1,153	\$1,552	\$1,951	\$2,350	\$2,749	\$3,148	\$3,547	\$3,946	\$4,345	\$4,744	\$5,143	\$5,542	Add \$399 Each